

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000448

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JAN 22 1962

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Poplar Bluff

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Lucy Lee Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Stoddard

c. CITY

OR TOWN

Bernie

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

R. F. D. #1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Barbara

Middle

Ann

Last

Billingsley

4. DATE OF DEATH

Month

Day

Year

Jan.

16,

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

1-26-1943

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Jonesboro, Arkansas

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Lawrence Fortner

13b. MOTHER'S MAIDEN NAME

Melba Woods

14. NAME OF HUSBAND OR WIFE

Ray Curtis Billingsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ray Curtis Billingsley, Jr. Bernie, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Pulmonary Edema

Acute Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

5 hours

5 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypofibrinogenemia & Term Pregnancy; Cesarean Section

PART III. If deceased was female was there a pregnancy in last 90 days.

☒ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to 16 January 1962

and last saw him

alive on 16 January 1962

Death occurred at

2:15

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-18-62

23c. NAME OF CEMETERY OR CREMATORY

Dexter

23d. LOCATION (City, town, or county)

Dexter, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Rainey Funeral Home, Dexter, Mo.

25. DATE RECD. BY LOCAL REG.

1-19-1962

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

2961 2 FEB 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lusille Rainey

Licensed Embalmer No. 4983

P. O. Address Deerfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.